Kansas

Data as of July 2003

Mental Health and Substance Abuse Services in Medicaid and SCHIP in Kansas

As of July 2003, 262,791 people were covered under Kansas's Medicaid and SCHIP programs. There were 233,481 enrolled in the Medicaid program, and 29,310 enrolled in the Separate SCHIP program. In state fiscal year 2003, Kansas spent $905 million to provide Medicaid services and about $47 million to provide services to SCHIP participants.

In Kansas low-income children may be enrolled into the Medicaid program or a Separate SCHIP program, depending on their family's income.

- The Medicaid program services children in families with incomes of no more than 150% of FPL, children through age five in families with incomes up to 133% of FPL, and children ages six through 18 in families with incomes up to 100% of FPL

- The Separate SCHIP program serves all uninsured children from families with incomes of 200% FPL or less who do not qualify for Medicaid. Families with incomes above 150% FPL must pay a monthly premium of $20 or $30 depending on family income.

Kansas operate a Medicaid managed care program that includes both a Primary Care Case Management (PCCM) program and contracts with comprehensive Managed Care Organizations (MCOs). All Medicaid beneficiaries except members of the Aged eligibility groups must enroll with a managed care provider. Mental Health Services operate under a Managed Care Carve Out with all services being provided on a Fee For Service Basis.

- In some parts of the State those who belong to the low-income family or children's eligibility groups may choose between the PCCM program and an MCO.
- All other non-Aged Medicaid beneficiaries must join the PCCM program.

Those enrolled in the PCCM program must obtain a referral from their PCCM provider before accessing mental health or substance abuse services. All other beneficiaries may access care through the fee-for-service system. (The MCOs do not cover mental health and substance abuse services.) As of July 2003, about 233,481 people participated in Medicaid. 80, 186of these received care from the PCCM program and 60,891 from comprehensive MCOs.

All children participating in the separate SCHIP receive mental health and substance abuse services from comprehensive MCOs.

Medicaid

Who is Eligible for Medicaid?

Families and Children

1. Low-income families who qualify for Kansas' Transitional Assistance for Families (TAF) program or who are transitioning from that program. The specific income limit varies by family size, but is about 32% FPL.
2. Pregnant women and Infants from low-income families with incomes of 150% FPL or less,
3. Children aged 1-6 years from families with incomes of 133% FPL or less
4. Children aged 6-18 from families with incomes of 100% FPL or less.
5. Recipients of adoption assistance and foster care under Title IV-E of the Social Security Act

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Aged, Blind, and Disabled

1. All individuals receiving SSI.
2. All individuals between the ages of 16 and 64 who meet the state's definition of disability and have a family income of 300% FPL or less. Those with incomes of 100% FPL or more must pay a monthly premium that varies based on income.
3. Individuals who have been in institutions for at least 30 consecutive days and who have incomes of no more than 300% of the maximum SSI benefit.

Medically Needy

Members of the following groups may qualify for Medicaid coverage as Medically Needy if they have sufficient medical expenses to spend down their income to a state-established standard.

1. Pregnant women
2. Aged, Blind, and Disabled

Waiver Populations

Kansas has no 1115 waivers that impact the delivery of mental health services.

What Mental Health/Substance Abuse Services are Covered by Medicaid?

Medicaid must cover some types of services (mandatory services) and may cover some other types of services (optional services). The information presented here identifies the types of service Kansas Medicaid covers and the coverage requirements for those services. These services are presented grouped as they are in the Medicaid State plan that Kansas must maintain under Medicaid law. Only those types of services that include mental health or substance abuse services are discussed.

Mandatory State Plan Services

Inpatient Hospital Services		
Service	Description	Coverage Requirements
Inpatient Mental Health/Substance Abuse	• Inpatient substance abuse and mental health services provided in a general acute care hospital, including psychiatric care and detoxification. • Alcohol and drug addiction treatment services (other than detoxification) provided in an inpatient hospital setting are not covered.	• All non-emergency admissions for mental health and substance abuse treatment must be prior authorized by the Medicaid agency. • Services must be ordered by a physician, directed by a psychiatrist, and related to the present diagnosis. • Inpatient acute care related to psychiatric services is limited to care administered by a psychiatrist in which psychotherapy is administered on a daily basis. • Inpatient treatment for substance abuse is limited to detoxification. • Electroshock is limited to 12 inpatient treatments per month

Outpatient Hospital Including Rural Health Center and Federally Qualified Health Center Services		
Service	Description	Coverage Requirements
Outpatient Hospital	Mental health and substance abuse services provided on an outpatient basis by a hospital, services may include • Crisis resolution • Psychiatric partial hospitalization • Psychiatric observation and stabilization	• A beneficiary may not receive more than the following amounts of service without the prior authorization of the Medicaid agency - 2 consecutive days per episode of crisis resolution, psychiatric observation - 1560 hours per calendar year of partial hospitalization activity or medication group, or a combination of the two. - 6 electroshock treatments per month

	• Electroshock treatments	
Federally Qualified Health Centers (FQHCs) and Rural Health Clinics (RHCs)	Mental health services provided in an FQHC or RHC.	• Mental health services provided by FQHCs and RHCs must meet the same coverage requirements as those provided in another setting. • The service must be within the scope of practice of the providing practitioner.

Physician Services		
Service	Description	Coverage Requirements
Physician Services	Medically necessary, Medicaid-covered mental health and substance abuse services provided by a physician acting within his/her scope of practice as defined in state law.	• Beneficiaries are limited to 12 office visits/year for all reasons including mental health and substance abuse treatment • Beneficiaries may receive mental health and substance abuse services from a physician - That are within the physician's scope of practice - That meet the same coverage requirements as those provided by another provider.

Early Periodic Screening, Diagnosis, and Treatment (EPSDT) Services to Children Under 21		
Service	Description	Coverage Requirements
EPSDT expanded services	Expanded services limits for children up to age 21 whose need is determined through an EPSDT screen.	• To qualify for expanded EPSDT services - A beneficiary must be age under age 21 - The service must be needed to treat or ameliorate a condition identified in an EPSDT screen. • The following amounts of service are available under EPSDT expanded services - Individual psychotherapy: up to 40 hours per calendar year with prior authorization. - Psychotherapy: up to 4 hours per month with prior authorization. - In-home family therapy. - Residential treatment (Up to 140 day maximum stay in Level V Treatment Facility, up to 6 months in Level VI Treatment Facility.) • Services provided in a community mental heath center expanded for EPSDT children are described in that section.
Children's Behavior Management Services	• Behavioral Management Services are EPSDT services designed to meet the rehabilitation needs of children who are challenged by physical, mental, or emotional effects of having been, or are at risk of being abused, neglected, abandoned, placed out of home, or institutionalized. The need for these services shall be evidenced by a designated state children's service agency. Services are reimbursed based on a fee-for-	• To qualify for behavior management services - The beneficiary must be age under age 21 - The service must be needed to treat or ameliorate a condition identified in an EPSDT screen. • All services must be provided as part of an individualized treatment plan. • Comprehensive Evaluation and Treatment is limited to 90 or 120 days. The service requires prior authorization. • In-Home Family Treatment Services must be prior authorized and the in-home treatment plan must be reviewed and updated every 90 days. • Intensive Behavioral Management (Level V Treatment is limited to 140 days, which can be extended through prior authorization.

	service methodology. • Services include - attendant care - comprehensive evaluation and treatment, - In-Home Family Treatment, - Residential treatment, - inpatient/residential observation and stabilization, - therapeutic foster care	• Institution for Mental Disease (Level VI Treatment is limited to six months prior authorization required.) • Observation/stabilization require prior authorization for continued placement beyond 48 hours and up to a maximum of five (5) days total. (prior authorization required) • Therapeutic Foster Care is provided by highly trained licensed family foster care providers and only one child may be placed in each home with a maximum of 180 days stay.

Optional State Plan Services

Other Licensed Practitioners		
Service	Description	Coverage Requirements
Psychologists	Evaluation and treatment provided by licensed professionals operating within their scope of practice.	• Psychotherapy is limited to a total of 32 hours per calendar year. (40 Hours for youth enrolled in Kan-be-healthy) • Testing and evaluation are limited to four hours per consumer in two consecutive years. • Partial hospitalization activity or medication group, or a combination of the two, are limited to 1560 hours per consumer per calendar year.

Inpatient Psychiatric Services (for persons under the age of 21)		
Service	Description	Coverage Requirements
Inpatient Psychiatric Facilities Services for those Under 22	Mental health and substance abuse services provided in a free-standing psychiatric hospital or Residential Treatment Facility designated as an IMD.	• Only beneficiaries under 21 years of age may receive services from a free standing inpatient psychiatric hospital. • All admissions and lengths of stay must be pre-approved by the Medicaid agency.

Rehabilitative Services		
Service	Description	Coverage Requirements
Community Mental Health Rehabilitative Services	• Community-based mental health services for children with severe emotional disturbance and adults with severe and persistent mental illness. • Services can include: - admission evaluation - psychological testing and assessment - case conference - case consultation - attendant care - family and group therapy - individual therapy - mediation administration - group medication management	• In order to receive care beneficiaries must be: - a child with severe emotional disturbance; or - an adult with severe and persistent mental illness. • Beneficiaries can receive no more than the following amounts of service, without prior authorization from the Medicaid agency: - 1 admission evaluation every 6 months - 6 hours of case conference per year - 1 consultation per 60 days - a combined 40 hours per year for family and group therapy. - 32 hours per year for outpatient individual therapy - a combined 1,560 hours of partial hospitalization and/or group medication management

	- partial hospitalization - Psychosocial Treatment Group for partial hospitalization 'graduates' - community Psychiatric Supportive Treatment - Individual community support	- 4 hours every 2 years of psychological testing. - (Additional hours can be approved as required by Kan-be-healthy through prior authorization)
Substance Abuse Services	• Services to treat substance abuse, including - Outpatient services (Individual and group counseling) - Intensive outpatient counseling - Adult intermediate treatment (24 hour a day residential treatment) - Youth intermediate treatment - Reintegration counseling - Substance abuse/ dependency Screen, Assessment and Referral • Specific opioid treatments, such as methadone and/or LAAM are not covered.	• Outpatient services are not to exceed 9 hours, weekly. • Intensive outpatient counseling is provided based on a treatment plan and for more than 10 hours weekly. • Adult/Youth intermediate treatment is provided as a 24 hour/day residential treatment according to an individual treatment plan approved by the appropriate Regional Alcohol and Drug Assessment Center. • Services may only be provided by community based, licensed or certified alcohol and drug treatment programs who have a contract with the Kansas Foundation for Managed Care.

Targeted Case Management		
Service	Description	Coverage Requirements
Mental Health Targeted Case Management (TCM)	Mental health targeted case management services assist with gaining access to needed medical, social, educational and other services identified as necessary in the treatment plan	• TCM services are available to - adults who have been identified as long-term mentally ill as defined by the NIMH definition. - Adults with severe and persistent mental illness, - Children with serious emotional disturbance • TCM services - must be identified in a treatment plan approved by a physician - provided to assist in resolving or minimizing the effects of a beneficiary's mental or emotional impairment for which clinical hospital services have previously been provided
Substance Abuse Targeted Case Management	One-on-one goal directed service to assist the individual in obtaining access to needed family, legal, medical, employment, educational, psychiatric. and other services	• All services must be authorized by the regional assessment center. • The beneficiary must be diagnosed with substance abuse or dependency

Home and Community Based Services Waiver		
Service	Description	Coverage Requirements
Services for Seriously Emotionally Disturbed children		Children under the age of 22 with a severe emotional disturbance who meet the financial and clinical eligibility.

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SCHIP Medicaid Expansion Program

Kansas does not have a SCHIP Medicaid Expansion Program

Separate SCHIP Program

Who is Eligible for the Separate SCHIP Program?

The Separate SCHIP program, called HealthWave, serves

1. All uninsured infants from families with incomes from 150-200% FPL,
2. All uninsured children ages 1 through 5 from families with incomes from 133-200% FPL
3. All children 6 though 18 from families with incomes from 100-200% FPL.

Families with incomes between 150-175% FPL pay a $20 per family per month premium; those with incomes 176-200% FPL pay a $30 per family per month premium.

What Mental Health/Substance Abuse Services are Covered by the Separate SCHIP Program?

Benefits in Separate SCHIP programs must be actuarially equivalent to a benchmark selected by the State, among federally established options or alternate coverage approved by the Secretary of the Federal Department of Health and Human Services. Kansas has opted for 'secretary-approved' coverage that is equivalent to the State employee health plan coverage with added mental health and dental coverage. Coverage specifics for mental health and substance abuse services that meet that benchmark are identified here.

Mental Health		
Service	Description	Coverage Requirements
Inpatient	Mental health services provided in an inpatient hospital setting	• All services must be medically necessary • The service must be needed to treat a biologically based condition, such as schizophrenia, major affective disorders, obsessive/compulsive disorder, or panic disorder
Residential	Mental health services provided in a residential setting	
Outpatient	Mental health services provided in any setting other than inpatient or residential setting.	

Substance Abuse		
Service	Description	Coverage Requirements
Inpatient	Rehabilitation services provided in an inpatient hospital setting that are needed for diagnosis and treatment of abuse or	• Substance abuse treatment services are provided up to 60 days per year.

	addiction to alcohol or drugs	
Outpatient	Substance abuse treatment services provided in any setting other than an inpatient hospital	• Up to 25 individual therapy visits per plan year; 1 group therapy session counts as ½ of an individual session. • Inpatient days can be exchanged for partial hospitalization treatment at the rate of: - 1 partial hospitalization treatment per inpatient day if the cost of the partial hospitalization is less than 50% the cost of a inpatient day - 2 partial hospitalization treatments per inpatient day if the cost of the partial hospitalization is less than 50% of the cost of an inpatient day. • Specific opioid treatments, such as methadone and/or LAAM are not covered.
Detoxification	Detoxification and related medical ancillary services	• Coverage is provided when required for the diagnosis and treatment of abuse or addiction to alcohol and/or drugs. • The MCO decides, based upon medical necessity, whether such services are provided in an inpatient or outpatient setting.